Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		lı	RATE	FEE	7	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			23 minus 20=			* 3			X\$ 9=		OR	X\$18=	54
INC	DEPENDENT C	LAIMS				* /			X39=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	<u> </u>	OR	TOTAL	892
CLAIMS AS AMENDED - PART II											.	OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M		Minus	***		=	X39=	X39=		OR	X78=	
	-	·	714 O. 1016		LIND	ENT ODAIN			+130=		OR	+260=	
									TOTAL		OR ,	TOTAL	
		(Coli	umn 1)		(C	olumn 2)	(Column 3)	A	DDIT. FEE	ļ.	,	ADDIT. FEE	
AMENDMENT B		CL	AIMS		ŀ	HIGHEST		Г		ADDI-	ſ		ADDI-
		AF	AINING TER IDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	6	Minus	**	23	= -		X\$ 9=	·	OR	X\$18=	
	Independent	*	/ N/05 N/	Minus	***	Ź	=	-	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY									+130=		OR	+260=	
									TOTAL			TOTAL	
		41		Α	DDIT. FEE		, ion	ADDIT. FEE					
			umn 1) AIMS	STEWN .		olumn 2) HIGHEST	(Column 3)			· · 1			
AMENDMENT C		AF	AINING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	· ;	RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	ı	X\$ 9=	1	OR	X\$18=	
	Independent	*		Minus	***		=		X39=		ľ	V70_	
٨	FIRST PRESE	NTATIC	N OF M	JLTIPLE DEF	PENDENT CLAIM				^39=		OR	X78=	
* 1	f the entry in colu	mn 1 is l	ess than th	e entry in colu	mn 2	write "O" in col	umo 3		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the entry in column 1 is less than the entry in column 2. **TOTAL ADDIT. FEE													
	The "Highest Num							r four	nd in the and	ropriate ho	in coli	ımn 1	